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Bib Data Sheet

CONFIRMATION NO. 8199

<b>SERIAL NUMBER</b> 09/974,714	<b>FILING DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> Halveron-Cost
<b>APPLICANTS</b> Helena B. Halverson, St. Cloud, MN; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/378,027 08/20/1999 PAT 6,301,564 <i>ju</i> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY**</b> <i>ju</i> <b>** 11/28/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>ju</i> Examiner's Signature <i>ju</i> Initials <i>ju</i>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 27119				
<b>TITLE</b> Dimensional dining restaurant management system				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	